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Bilharziosis of the Penis

AND

Bilharziosis of the Anus

(BY [illegible])

BY

FRANK COLE MADDEN,

[illegible] SURG.

Professor of Surgery, Egyptian Government School of Medicine; Senior Surgeon, Kasr-el-Aini Hospital, Cairo.

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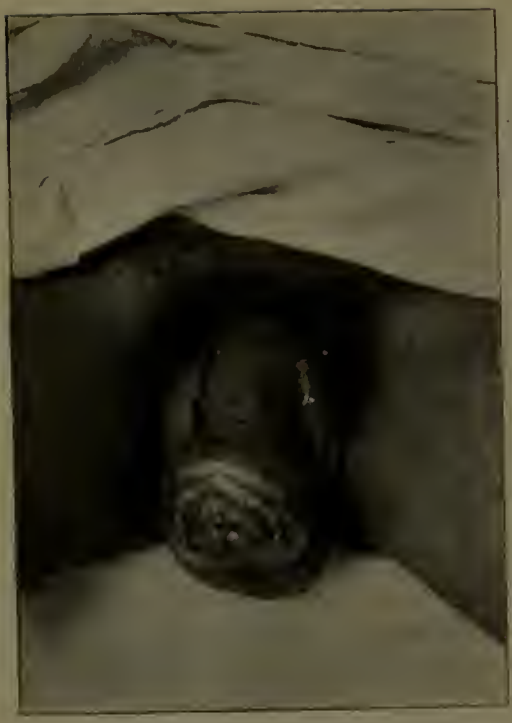
BILHARZIOSIS OF THE PENIS.

Considering the extensive distribution of this disease in Egypt, bilharziosis of the penis is a comparatively uncommon manifestation ; but, during the last few years, I have been fortunate enough to secure a series of photographs which illustrate the main features of the condition exceedingly well. So well, indeed, that a very short description will suffice to explain them. Nor will it be necessary to enter into any detailed account of the clinical and pathological appearances and varieties of the disease in this paper, as I have quite recently published such an account in the *Lancet* of October 23, 1909, to which reference may be made.

Fig. 1 represents the disease as one finds it localized to the glans penis and the remains of the prepuce. (It must be remembered that circumcision is almost universal throughout Egypt.) The whole head of the penis is hard and swollen and transformed into a firm elastic mass, girdled beyond the glans by a thick collar of the infiltrated remains of the prepuce. The line of separation between the glans and the prepuce is obliterated and the surface of the glans is dry and shrivelled and covered with a number of minute depressed worm-eaten scars. The orifice of the urethra is much occluded, and in fig. 2 a drop of bilharzial pus from the bilharziosis of the urethra—looking very like the familiar "bon jour" drop of gonorrhœa—is seen at the meatus. The mucous membrane of the glandular portion of the urethra is affected ; but there are no urinary fistulæ in the



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substance of the swollen glans. The infiltrated collar of prepuce is sharply separated from the skin of the body of the penis by a deep furrow at the circumcision scar. The body of the penis and the scrotum are quite unaffected.

The treatment of this case consisted in a partial amputation beyond the bulbous end. The section of urethra at the point of amputation appeared to be quite healthy. As in all the cases I have seen, the patient was quite a young boy.

Figs. 3 and 4 illustrate a more advanced case in which, not only the glans and the prepuce are affected, but the skin of the body of the penis is involved in a firm œdema, resulting from obstructed lymphatic circulation. The furrow at the circumcision scar is here very evident, and a similar depression separates the root of the penis from the abdomen. In this boy also the skin of the scrotum is œdematous and has a silky feel, similar to that not infrequently noticed in early elephantiasis.

The urethral involvement is well seen in fig. 4, where the ragged orifices of several urinary fistulæ are clearly seen; while the frænum is much distorted by the contraction of scars of old ulceration in this situation and the infiltration of the tissues around.

The urethral implication was more extensive in this case than in the former. By an operation, similar to the preliminary stage of that for elephantiasis, the whole penis was enucleated from the surrounding mass of œdematous-like skin and subcutaneous tissue, between two circular incisions, one running immediately posterior to the glans, and the other beyond the furrow at the junction with the abdominal wall, the two being joined by a median dorsal incision. The fistulæ were cut off flush with the urethra and skin grafting subsequently carried out with excellent effect.

The scrotal swelling and the induration of the glans very largely disappeared after the operation.

Fig. 5 shows a case of elephantiasis of the penis and scrotum, and is intended to illustrate some points in the differential diagnosis of these conditions. It will be noticed that the glans penis is quite of natural size and the corona is clean cut and unaffected, as are also the remains of the prepuce, the swelling beginning behind the circumcision scar. This is all in

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marked contrast with the changes produced by bilharzia infection. The involvement of the glans penis in elephantiasis must surely be very rare.

Fig. 6 again illustrates bilharziosis of the penis, but shows the circumcision scar clearly, and the furrow, separating off the preputial swelling from that of the body of the penis, lying immediately in front of it.

In other respects this case is similar to that figured in figs. 3 and 4, except that here the scrotum is quite normal in every respect.

Fig. 7 is from the same case and shows the peculiar collar-like preputial ring and the orifices of fistulæ opening into the posterior portion of the glandular urethra.

The operation of peeling out the penis was done in this case, followed by grafting. It is interesting to note that a good deal of the new skin on the under surface came from the epithelium lining the fistulæ—which, as before, were cut off at the level of the urethra.

Fig. 8 shows another case in which the glans, prepuce, body of the penis and the scrotum were all involved, the main feature of interest being the extensive eating away of the glans by old ulceration. These ulcerations sometimes end in epithelioma.

Fig. 9 is an extreme case in which there were innumerable urinary fistulæ running amidst masses of false elephantiatic tissue. The glans is comparatively little affected, but the roll of swollen prepuce and the furrow behind it are well seen. Again, the swelling of the body of the penis does not extend on to the abdomen. The scars of old fistulæ appear on the abdomen, thighs, and buttocks, and the whole scrotum is riddled with fistulæ.

The clinical picture is rather that of bilharziosis of the urethra than of the penis.

A decortication was practised in this case also, but the ultimate result was not so satisfactory as in the other cases, mainly owing to the fact that the whole length of the urethra as far back as the triangular ligament was involved in a bilharzial change, with which several fistulous tracks communicated. It is a common experience that post-glandular and penile fistulæ are very difficult to deal with, and almost always require several operations before even a comparative success is obtained. Often, indeed, they appear to be quite incurable.

Fistulæ arising from the membranous portion of the urethra, however, yield much more readily to operation, which, however, must be extensive, and thoroughly radical if a satisfactory result is to be secured.

These photographs—and others of the same disease about the anus—show us only too plainly that we are still far from knowing all the many manifestations of this grim disease. However, our knowledge is increasing, and it is with the object of drawing attention to some of the less generally known appearances of the disease, as it affects the native Egyptian, that I am desirous of placing these photographs on record.

Description of Figures.

(1 and 2) Bilharziosis of the glans penis and prepuce; (3 and 4) bilharziosis of the glans, prepuce and body of the penis; (5) elephantiasis of penis and scrotum (see text); (6) bilharziosis of the glans, prepuce and penis, scrotum not involved; (7) showing the fistulous openings on the under surface; (8) showing the scar of a deep ulceration of the glans; (9) advanced bilharziosis of the glans, prepuce and body of the penis.

BILHARZIOSIS OF THE ANUS.

Fig. 1 represents an exceedingly rare condition of bilharziosis. I have only seen two cases in more than eleven years' hospital practice in Egypt involving the anus and the surrounding tissues. It consists of a large irregular mass encircling the anus, which can be seen as a H-shaped depression in the midst of the tumour. The surface of the mass was hard and irregular, and in it are several deep epithelial-lined tracks, which penetrate its substance in various directions, but do not communicate either with each other or with the lower end of the rectum. They are, in fact, invaginations of epithelium, filled to some extent with sebaceous material in a septic condition. The sphincter ani was relaxed, but no papillomata or other bilharzial change could be felt in the rectum.

In both cases the mass was completely removed by cutting freely beyond it into the ischio-rectal fossæ on either side, and then dividing the rectal canal well above the sphincters and the limits of the mass. The cut edge of the gut was sutured all round to the fat and connective tissue in the depths of the ischio-rectal fossa, and the wound left widely open to granulate. It slowly did so, and in a few weeks' time complete control was regained over the motions.

The mass itself consisted of a dense bilharzial fibrous tissue, with a very thick hypertrophied epithelial covering, in which were numerous depressions, which did not, however, penetrate through the mass or open into the rectum.

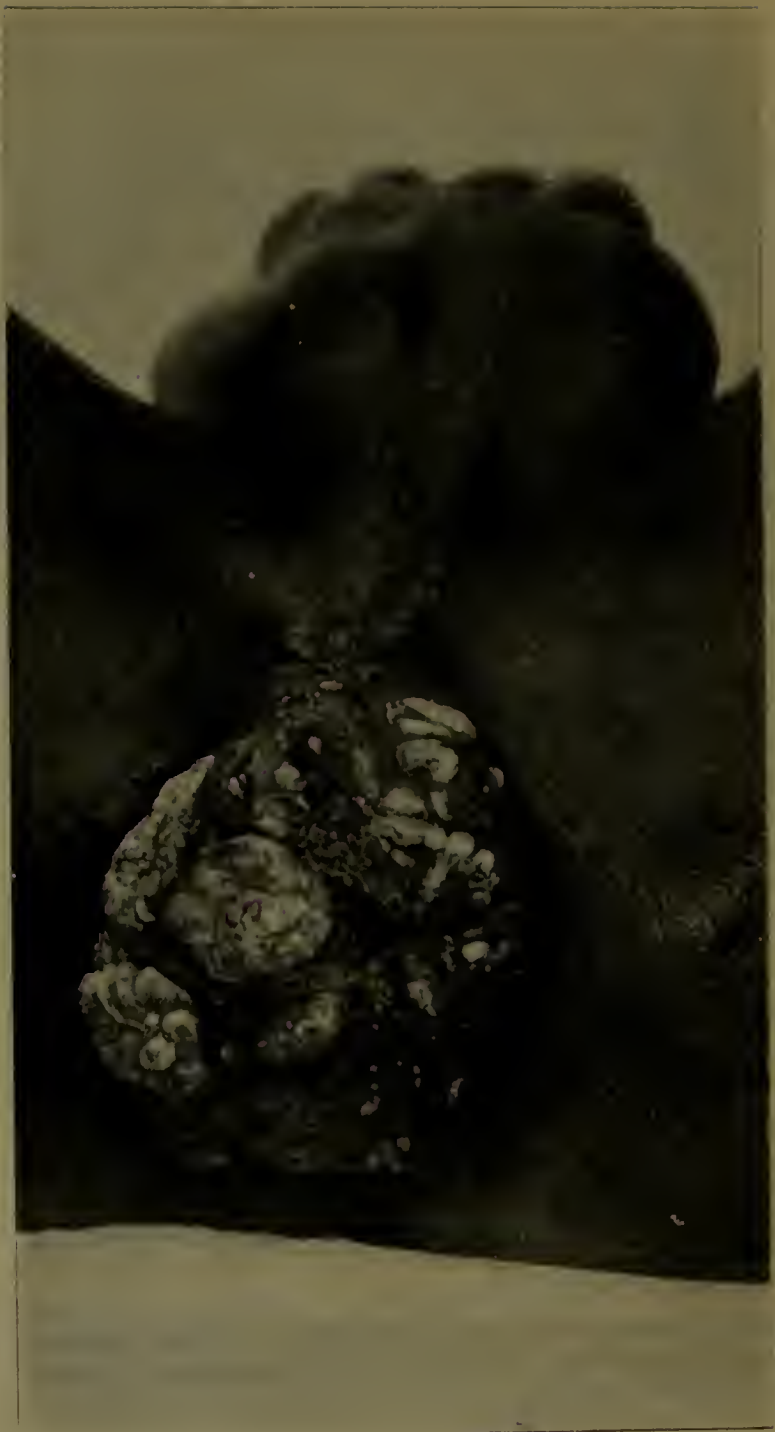

FIG. 1.—Bilharziosis of the anus and surrounding tissues.

FIG. 2.—Bilharziosis around anus and perineum.

Fig. 2 was taken from a somewhat similar case, but here the main feature was a very extensive papillomatous condition in the situation shown in the photograph. At certain places, notably immediately behind the scrotum, the papillomata were very prominent, and resembled those seen not uncommonly at the external orifice of the female genitals.

Dr. George Gunn, Resident Medical Officer, who performed the necessary operation on this patient, reports as follows: "In the case you refer to, I completely excised the area of skin involved. This surrounded the anus, and it with both sphincters were so infiltrated that they had to be removed. No papillomata were felt in the rectum above the sphincters. The urethra was not affected at all, and removal of superficial tissue was the only thing necessary in that region. Thus no fistulæ at all were present.

"The rectum was stitched to the ischio-rectal tissues, and continence of fæces gradually returned after three weeks. Complete healing followed, the only unfortunate thing being that the patient rather squeezed his testicles when he stood with his legs together, the scrotum having been so much stretched in covering the bare area. No signs of bilharziosis of the bladder were present."

The appearances in this case were not unlike those of an extensive field of venereal warts; but no venereal disease existed, and the papillomata were of typical bilharzial characters, and vividly recalled the clinical picture of similar manifestations around the vulva.

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